

215040549
62756

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

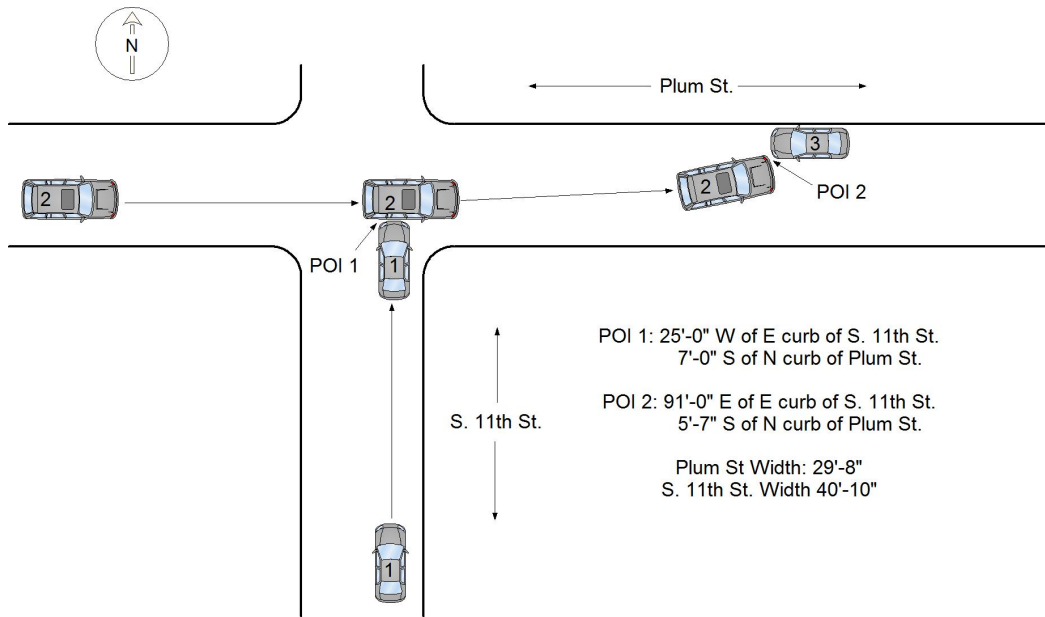
3	Total Number of Vehicles	Local No./ District 94	Agency Case No. B5-092481	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1						
A/1	DATE OF ACCIDENT	10/04/2015		TIME OF ACCIDENT 1803		STATE USE ONLY 10/05/2015						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1805	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 11th / Plum St.			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO							
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.							
D	IF AT INTERSECTION											
1	NAME OF INTERSECTING ROADWAY Plum St.			IF NOT AT INTERSECTION								
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b											
01	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO											
E	VEHICLE NO. 1											
2	DRIVER LICENSE NO. H13609781 STATE (Of License) NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE											
F	DRIVER AUSTIN S STEBBINS LORELLO PHONE 4024181315 LOCAL NO.											
V1/N	DRIVER ADDRESS 1104 D ST APT 2, LINCOLN, NE 68502 DATE OF BIRTH (MM / DD / YYYY) 01/05/1997											
1	OWNER AUSTIN S STEBBINS PHONE 4024181315 LOCAL NO.											
V2/N	OWNER ADDRESS 1104 D St. #2, Lincoln, NE 68502 CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO CITATION NO. LB487820											
G	LICENSE PLATE PA NO. 22R478 YEAR (Plate Expires) 2016 STATE (Of Plate) NE											
5	VEHICLE 1997 Oldsmobile 8LW 4 door Sedan blue ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500											
V1/O	VEHICLE ID NO. (VIN) 1G3HN52KXV4833529 INSURANCE COMPANY Allstate											
2	TOWED TO TOWED BY POLICY NO. 995221309											
V2/O	VEHICLE NO. 2											
2	DRIVER LICENSE NO. H13385701 STATE (Of License) NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE											
I	DRIVER KELSEY M SCHUESSLER PHONE LOCAL NO.											
V1/P	DRIVER ADDRESS 934 South St., Lincoln, NE 68502 DATE OF BIRTH (MM / DD / YYYY) 03/30/1990											
1	OWNER KELSEY M SCHUESSLER PHONE 4024167101 LOCAL NO.											
V2/P	OWNER ADDRESS 934 South St., Lincoln, NE 68502 CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO CITATION NO.											
J	LICENSE PLATE PA NO. TWD863 YEAR (Plate Expires) 2016 STATE (Of Plate) NE											
01	VEHICLE 1996 Chevrolet K1S Medium/large blue ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000											
V1/Q	VEHICLE ID NO. (VIN) 1GNFK16R2TJ351918 INSURANCE COMPANY Progressive											
4	TOWED TO TOWED BY POLICY NO. 90700759											
V2/Q	TOWED TO TOWED BY POLICY NO. 90700759											
K	02											
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME ADDRESS											
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS											
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS											
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					EMS RUN REPORT NO.						

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092481

Indicate
North
by Arrow



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was Nb on 11th St. approaching Plum when D2's vehicle entered the open uncontrolled intersection travelling EB when his vehicle collided with the passenger side of D2's vehicle. D1 stated that D2's vehicle then struck Veh. 3's legally parked motor vehicle along the north curb of Plum St. between 11th and 12th. D1 could not have his valid NE drivers license on his person and stated he left it at home. D1 cited for not having license on person.

D2 stated she was EB on Plum approaching 11th St. D2 stated as she entered the intersection her vehicle then accelerated unexpectedly and she struck Veh 3 that was legally parked along the north curb of Plum between 11th and 12th.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2						VEH 1		VEH 2	
1	X				11th	POINT OF IMPACT	01	POINT OF IMPACT	03	4		2		Driver No. 1		Driver No. 2	
2			X		Plum St.	MOST DAMAGED AREA	01	MOST DAMAGED AREA	01	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL LEVEL TESTED		Pedestrian	
1	01	06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other	02 03 04 01 05 08 07 06		VEHICLE 2		VEHICLE 2		BAC LEVEL		ALCOHOL/ DRUGS SUSPECTED		
2	01									4		2		1 1		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	

OFFICER NO. 1577	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Scott Parker		INVESTIGATOR SIGNATURE Approved by Officer Scott Parker	DATE OF REPORT 10/05/2015

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District 94

Agency
Case No. B5-092481

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

10/04/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 11th / Plum St.

VEH. #	VEHICLE NO. <u>3</u>										VEH. #
3	DRIVER LICENSE NO.		STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		3		
M	DRIVER Legally Parked - Unattended										1.
01	DRIVER ADDRESS CITY, STATE, ZIP										18
N	DATE OF BIRTH (MM / DD / YYYY)										2.
1	OWNER NATALYA STRILKIVSKY										3.
O	OWNER ADDRESS CITY, STATE, ZIP										4.
2	1112 Plum St., Lincoln, NE 68502										5.
P	LICENSE PLATE PA NO. TSF308		YEAR (Plate Expires) 2016		STATE (Of Plate) NE		3.				
7	VEHICLE YEAR 1998 MAKE Honda MODEL UCD BODY STYLE 4 door Sedan COLOR green ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 2000		5.								
Q	3		6.								
VEHICLE ID NO. (VIN) 1HGEJ6620WL040604		INSURANCE COMPANY No Insurance								18	
TOWED TO		TOWED BY								25	
		POLICY NO. No Insurance									

VEH. #	VEHICLE NO. <u>4</u>										VEH. #
4	DRIVER LICENSE NO.		STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		4		
M	DRIVER										1.
	DRIVER ADDRESS CITY, STATE, ZIP										2.
N	DATE OF BIRTH (MM / DD / YYYY)										3.
O	OWNER										4.
	OWNER ADDRESS CITY, STATE, ZIP										5.
P	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)		6.				
Q	VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		5.								
	VEHICLE ID NO. (VIN)		INSURANCE COMPANY								6.
	TOWED TO		TOWED BY								
			POLICY NO.								

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE <u>3</u>				RESTRAINT USE VEHICLE <u>3</u>				TOTAL OCCUPANTS VEH <u>3</u> 0 VEH <u>4</u>			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
3				X	Plum St.														
4																			
3	10	06 Turning left			VEHICLE <u>3</u>				VEHICLE <u>4</u>										
4		07 Making U-turn			POINT OF IMPACT 01				POINT OF IMPACT										
		08 Entering traffic lane			MOST DAMAGED AREA 01				MOST DAMAGED AREA										
01	Essentially straight ahead				02 None				02 03 04										
02	Backing				09 Top & windows				01 05										
03	Changing lanes				10 Undercarriage				08 07 06										
04	Overtaking/Passing				11 Total (all areas)														
05	Turning right				12 Other														
	13 Unknown																		

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F		
VEH. #	NAME ADDRESS												Seat Position	Eject	Body Region	Injury Sev.	Trans.		
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME												EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS																		
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME												EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS																		
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME												EMS RUN REPORT NO.						

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-092481

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1577		TROOP/ TEAM/ BEAT SW		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Scott Parker			INVESTIGATOR SIGNATURE Approved by Officer Scott Parker		DATE OF REPORT 10/05/2015